



2009 CAMP FREMONT REGISTRATION FORM

Child's Name: _____

Last grade completed: _____ Date of Birth: _____ Age: _____

Address: _____

Please provide the following information (check who is the main contact):

☐ Mother's Information: ☐ Father's Information:


Full Name: _____ Full Name: _____


Home Phone: _____ Home Phone: _____


Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

 I hereby give Fremont Parks & Recreation Personnel permission to dispense the following medication to my child: _____

 My child **IS / IS NOT** a good swimmer and comfortable around water.

 May photographs of your child be used/posted/released for purposes relating to Camp Fremont activities? (Ex: web page, weekly newsletter, informational flyers or advertising, newspaper articles, etc.) YES NO

My child will attend the following weeks:

Week 9:00 am -3:00 pm	Before Care (\$10 weekly)	After Care (\$10 weekly)	Total Cost	Check #
<input type="checkbox"/> 7/6-7/10				
<input type="checkbox"/> 7/13-7/17				
<input type="checkbox"/> 7/20-7/24				
<input type="checkbox"/> 7/27-7/31				
<input type="checkbox"/> 8/3-8/07				
<input type="checkbox"/> 8/10-8/14				


CAMP FEES :

\$85 per week
\$75 for 2nd child per family
\$25 for 3rd+ child per family
\$10 discount each addt. week

\$50 for CIT (must apply)

*Fees will not be pro-rated per day. All payments are not refundable and are required prior to or at the time of drop-off on the first day of each week unless other arrangements have been previously approved by the Camp Director.

Emergency Information:

 Providing all information will assist in your child receiving the best possible care.

Insurance Carrier: _____

Policy #: _____

Notable medical conditions/concerns: _____

Emergency Contacts:

Please indicate any individuals that you permit our staff to contact or release your child to if we are unable to reach you.

CONTACT #1:

Full Name- _____

Phone- _____

Address- _____

Relationship- _____

CONTACT #2:

Full Name- _____

Phone- _____

Address- _____

Relationship- _____

I hereby give permission for Fremont Parks & Recreation Personnel to give my child first aid when necessary or, in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

Parent Signature: _____ **Date** _____

My child's t-shirt size is : **Adult** _____
Small Medium Large XL Youth _____





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I / We the parent of the above names, hereby give our approval to our child's participation in all the activities, and further, I/ We agree to assume all liabilities incidental to the risks and hazards regarding our child's participation in all Recreation Department activities including the transportation to and from the activities, and further, I/We do agree to RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Fremont (Hereinafter TOWN) and its Parks & Recreation Department, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the TOWN and it's PARKS & RECREATION DEPARTMENT, its agents and employees or otherwise while the named participant participates in activities at the Fremont Memorial Ballfields and Park and within the summer recreation program. I/ We further agree to indemnify TOWN and it's PARKS & RECREATION DEPARTMENT, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the TOWN and it's PARKS & RECREATION DEPARTMENT, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the TOWN and it's PARKS & RECREATION DEPARTMENT, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the TOWN and it's PARKS & RECREATION DEPARTMENT, their agency or employees and whether or not such liability is sole, joint or several. I/We am/are aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the TOWN and it's PARKS & RECREATION DEPARTMENT that to the best of my knowledge, they are in proper physical condition to participate and that I/We assume risk of them participating. I/We understand that the above program involves traveling to various activity sites. I/We will accept full responsibility for their transportation to and from these activities and I/We release, indemnify and hold harmless and persons providing such transportation. I/We, the undersigned, have read this release and understand all its terms. I/We execute it voluntarily and with full knowledge of its significance. I/We have executed this release on this date indicated next to my/our names.

Parent Signature: _____

Date: _____

Don't forget to fill out your Sign-Out/ Pick-Up form if anyone other than yourself will be picking up your child from camp!

Camp Fremont is offered at this low cost by the Fremont Parks & Recreation Department! At a rate of \$85 per week, your cost is \$17 per day for 6 hrs of fun and education, including field trips and a free T-shirt!

Do you have questions? Contact Director, Jen Jaquith, at missj1133@yahoo.com (quicker response by email) or 895- 4869.